

FHL

Railor

Carlisle

Sawmill

PEDIGREE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FCS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PICTURES		<input type="checkbox"/>
HISTORIES	<input type="checkbox"/>	<input type="checkbox"/>

NAME \_\_\_\_\_

**NOTE:** Keep original form for you.  
Make reproductions for age  
information and signatures  
reproduced copies.

CITY & STATE \_\_\_\_\_ other phone   
PERSONAL PHYSICIAN \_\_\_\_\_ phone

### III. HAS IT EVER BEEN NECESSARY TO:

Restrict activities for medical reasons? ☐ No ☐ Yes  
Take regular medicine or have special care? ☐ No ☐ Yes  
Explain below if "yes" \_\_\_\_\_

To the best of my knowledge the information in sections I, II, III, and V, and regarding immunizations, is accurate and complete. I request physician to examine applicant, to give needed immunization, and to furnish requested information to other agencies as needed. I give my permission for full participation in BSA programs, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.

PARENT OR GUARDIAN \_\_\_\_\_  
(Must sign if applicant is under 18)

APPLICANT'S SIGNATURE \_\_\_\_\_  
Date signed \_\_\_\_\_

### IMMUNIZATIONS:

	Last Year Given
TETANUS	_____
DIPHTHERIA	_____
POLIO	_____

Has Had	Vaccination	Disease
MEASLES	<input type="checkbox"/>	<input type="checkbox"/>
MUMPS	<input type="checkbox"/>	<input type="checkbox"/>
RUBELLA	<input type="checkbox"/>	<input type="checkbox"/>
PERTUSSIS	<input type="checkbox"/>	<input type="checkbox"/>
CHICKEN POX	<input type="checkbox"/>	<input type="checkbox"/>

Religious preference \_\_\_\_\_



EXPLAIN \_\_\_\_\_

☐ Diabetes ☐ Fainting spells ☐ Bleeding disorders ☐ Dentures

### IV. PHYSICIAN'S EVALUATION AND ADVICE:

APPROVED FOR PARTICIPATION IN: \_\_\_\_\_ EXCEPT (specify) \_\_\_\_\_

☐ Hiking and camping \_\_\_\_\_  
☐ Water activities \_\_\_\_\_  
☐ Competitive sports \_\_\_\_\_  
☐ All activities \_\_\_\_\_

RECOMMENDATIONS: (Explain any restrictions OR limitations) \_\_\_\_\_

Approved for a period of 1 YEAR based on medical history (section V) and:  
\_\_\_\_ Section VI. Health examination completed today. OR  
\_\_\_\_ Section VII. Health declaration from exam of (Mo/Yr) \_\_\_\_\_  
that was taken within the last 3 years.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
(Physician licensed to practice medicine)

NOTE: Sign both record card and form.

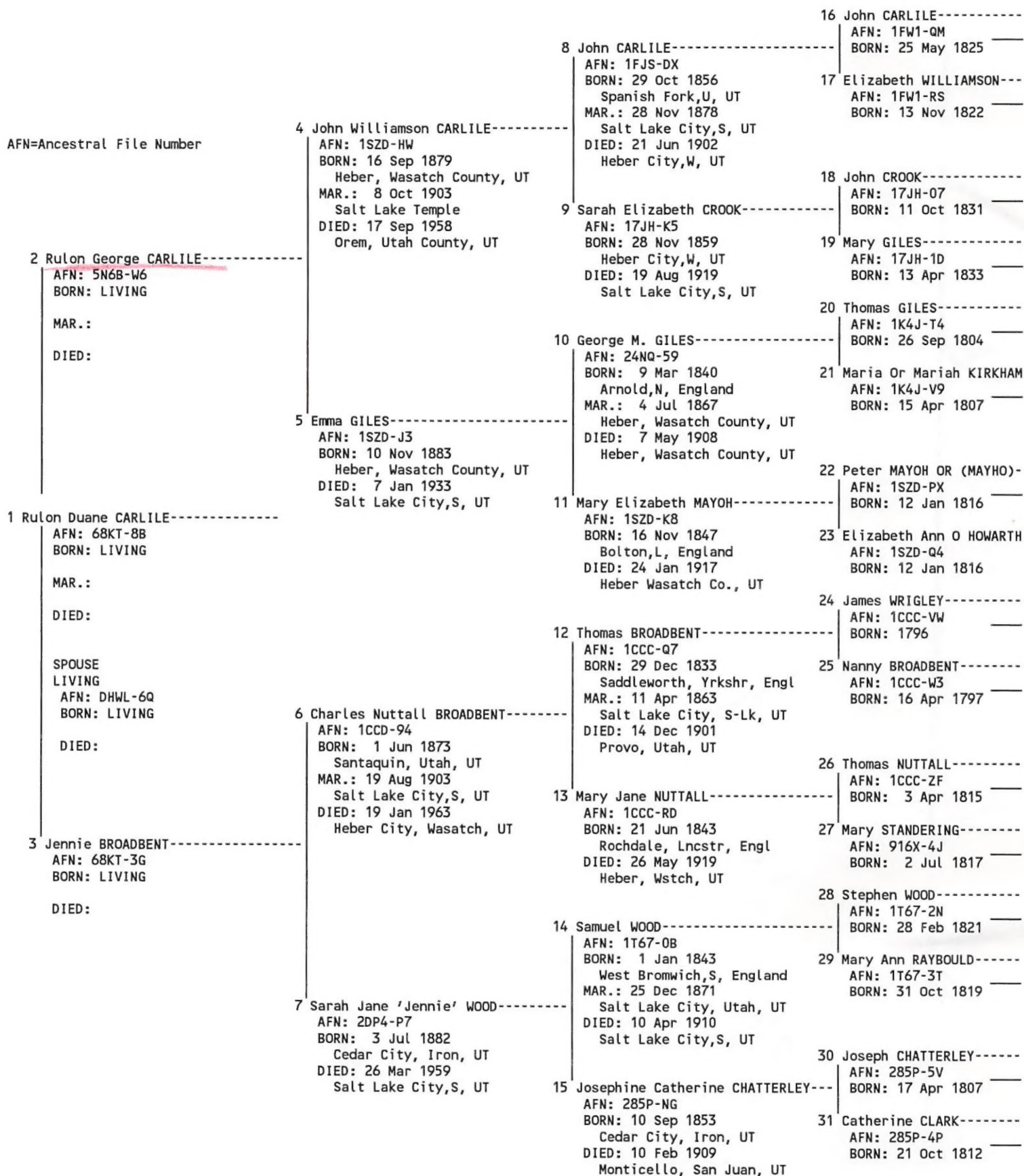
PARENT: (or applicant if over 18) FILL IN SECTIONS I, II, III, V BEFORE SEEING

special care that should be observed. Especially be sure to record any injuries

PHYSICIAN:

No. 1 on this chart is the same as no. \_\_\_\_\_ on chart no. \_\_\_\_\_

AFN=Ancestral File Number





=====

HUSBAND: Rulon Duane CARLILE (AFN:68KT-8B)

		LDS ORDINANCE DATA
BORN: LIVING	PLACE:	
CHR.:	PLACE:	B:
DIED:	PLACE:	E:
BUR.:	PLACE:	SP:
MAR.:	PLACE:	SS:

FATHER: Rulon George CARLILE (AFN:5N6B-W6)

MOTHER: Jennie BROADBENT (AFN:68KT-3G)

OTHER WIVES:

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WIFE: LIVING (AFN:DHWL-6Q)

BORN: LIVING	PLACE:	
CHR.:	PLACE:	B:
DIED:	PLACE:	E:
BUR.:	PLACE:	SP:

FATHER:

MOTHER:

OTHER HUSBANDS:

=====

Sex CHILDREN

1. NAME:		
----	BORN:	PLACE:
	CHR.:	PLACE:
	DIED:	PLACE:
	BUR.:	PLACE:
	SPOUSE:	
	MAR.:	PLACE:
		B:
		E:
		SP:
		SS:

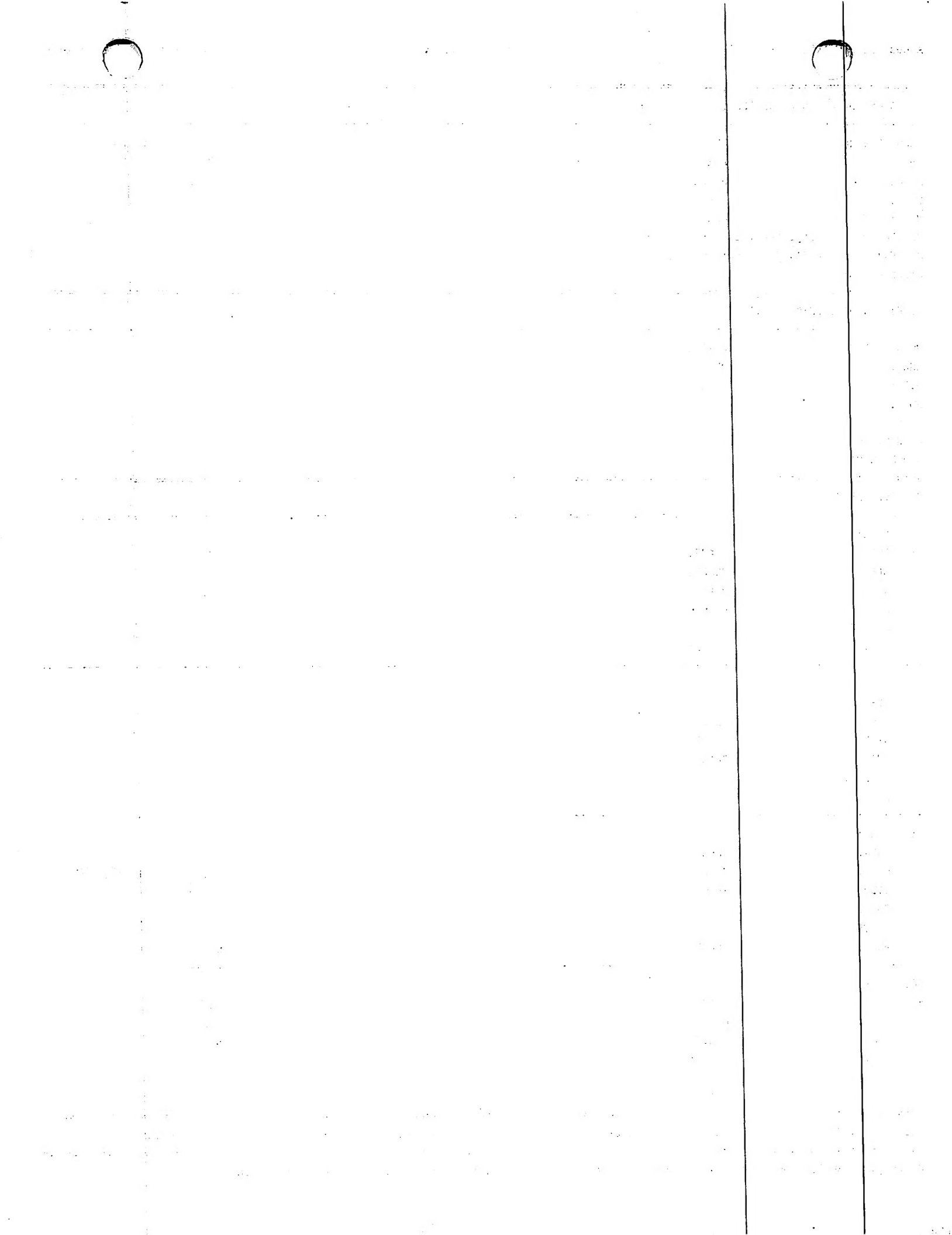
2. NAME:		
----	BORN:	PLACE:
	CHR.:	PLACE:
	DIED:	PLACE:
	BUR.:	PLACE:
	SPOUSE:	
	MAR.:	PLACE:
		B:
		E:
		SP:
		SS:

3. NAME:		
----	BORN:	PLACE:
	CHR.:	PLACE:
	DIED:	PLACE:
	BUR.:	PLACE:
	SPOUSE:	
	MAR.:	PLACE:
		B:
		E:
		SP:
		SS:

4. NAME:		
----	BORN:	PLACE:
	CHR.:	PLACE:
	DIED:	PLACE:
	BUR.:	PLACE:
	SPOUSE:	
	MAR.:	PLACE:
		B:
		E:
		SP:
		SS:

=====

Codes: AFN=Ancestral File Number B=Baptized E=Endowed SS=Sealed to Spouse SP=Sealed to Parents



=====

HUSBAND: Rulon George CARLILE (AFN:5N6B-W6)

BORN: LIVING	PLACE:	LDS ORDINANCE DATA
CHR.:	PLACE:	B:
DIED:	PLACE:	E:
BUR.:	PLACE:	SP:
MAR.:	PLACE:	SS:

FATHER: John Williamson CARLILE (AFN:1SZD-KW)

MOTHER: Emma GILES (AFN:1SZD-J3)

OTHER WIVES:

=====

WIFE: Jennie BROADBENT (AFN:68KT-3G)

BORN: LIVING	PLACE:	
CHR.:	PLACE:	B:
DIED:	PLACE:	E:
BUR.:	PLACE:	SP:

FATHER: Charles Nuttall BROADBENT (AFN:1CCD-94)

MOTHER: Sarah Jane 'Jennie' WOOD (AFN:2DP4-P7)

OTHER HUSBANDS:

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Sex CHILDREN

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1. NAME: Kaye CARLILE (AFN:68KT-75)

----	BORN: LIVING	PLACE:	B:
F	CHR.:	PLACE:	E:
	DIED:	PLACE:	SP:
	BUR.:	PLACE:	
	SPOUSE: LIVING (AFN:DHWL-5K)		
	MAR.:	PLACE:	SS:

2. NAME: Rulon Duane CARLILE (AFN:68KT-8B)

----	BORN: LIVING	PLACE:	B:
M	CHR.:	PLACE:	E:
	DIED:	PLACE:	SP:
	BUR.:	PLACE:	
	SPOUSE: LIVING (AFN:DHWL-6Q)		
	MAR.:	PLACE:	SS:

3. NAME: Richard Verd CARLILE (AFN:68KT-9H)

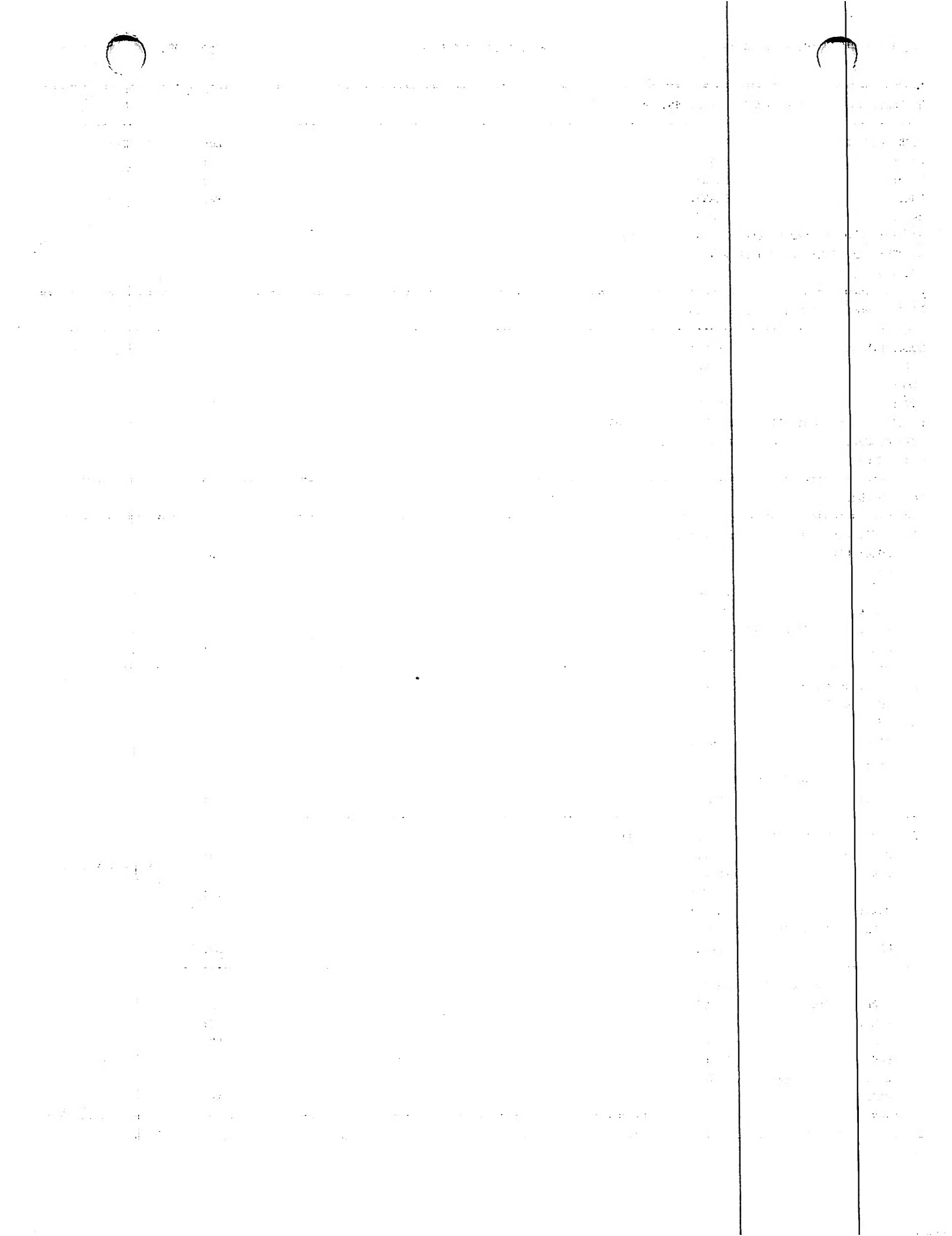
----	BORN: LIVING	PLACE:	B:
M	CHR.:	PLACE:	E:
	DIED:	PLACE:	SP:
	BUR.:	PLACE:	
	SPOUSE: LIVING (AFN:DHWL-7W)		
	MAR.:	PLACE:	SS:

4. NAME: Emajane CARLILE (AFN:68KT-BN)

----	BORN: LIVING	PLACE:	B:
F	CHR.:	PLACE:	E:
	DIED:	PLACE:	SP:
	BUR.:	PLACE:	
	SPOUSE: LIVING (AFN:DHWL-83)		
	MAR.:	PLACE:	SS:

=====

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HUSBAND: Rulon George CARLILE (AFN:5N6B-W6)

BORN: LIVING

WIFE: Jennie BROADBENT (AFN:68KT-3G)

BORN: LIVING

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LDS ORDINANCE DATA

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5. NAME: Craig CARLILE (AFN:68KT-CT)

---- BORN: LIVING

PLACE:

B:

M CHR.:

PLACE:

E:

DIED:

PLACE:

SP:

BUR.:

PLACE:

SPOUSE: Lucy Jane LEVANGER (AFN:8GQV-S7)

MAR.:

PLACE:

SS:

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6. NAME:

---- BORN:

PLACE:

B:

CHR.:

PLACE:

E:

DIED:

PLACE:

SP:

BUR.:

PLACE:

SPOUSE:

MAR.:

PLACE:

SS:

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7. NAME:

---- BORN:

PLACE:

B:

CHR.:

PLACE:

E:

DIED:

PLACE:

SP:

BUR.:

PLACE:

SPOUSE:

MAR.:

PLACE:

SS:

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8. NAME:

---- BORN:

PLACE:

B:

CHR.:

PLACE:

E:

DIED:

PLACE:

SP:

BUR.:

PLACE:

SPOUSE:

MAR.:

PLACE:

SS:

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9. NAME:

---- BORN:

PLACE:

B:

CHR.:

PLACE:

E:

DIED:

PLACE:

SP:

BUR.:

PLACE:

SPOUSE:

MAR.:

PLACE:

SS:

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10. NAME:

---- BORN:

PLACE:

B:

CHR.:

PLACE:

E:

DIED:

PLACE:

SP:

BUR.:

PLACE:

SPOUSE:

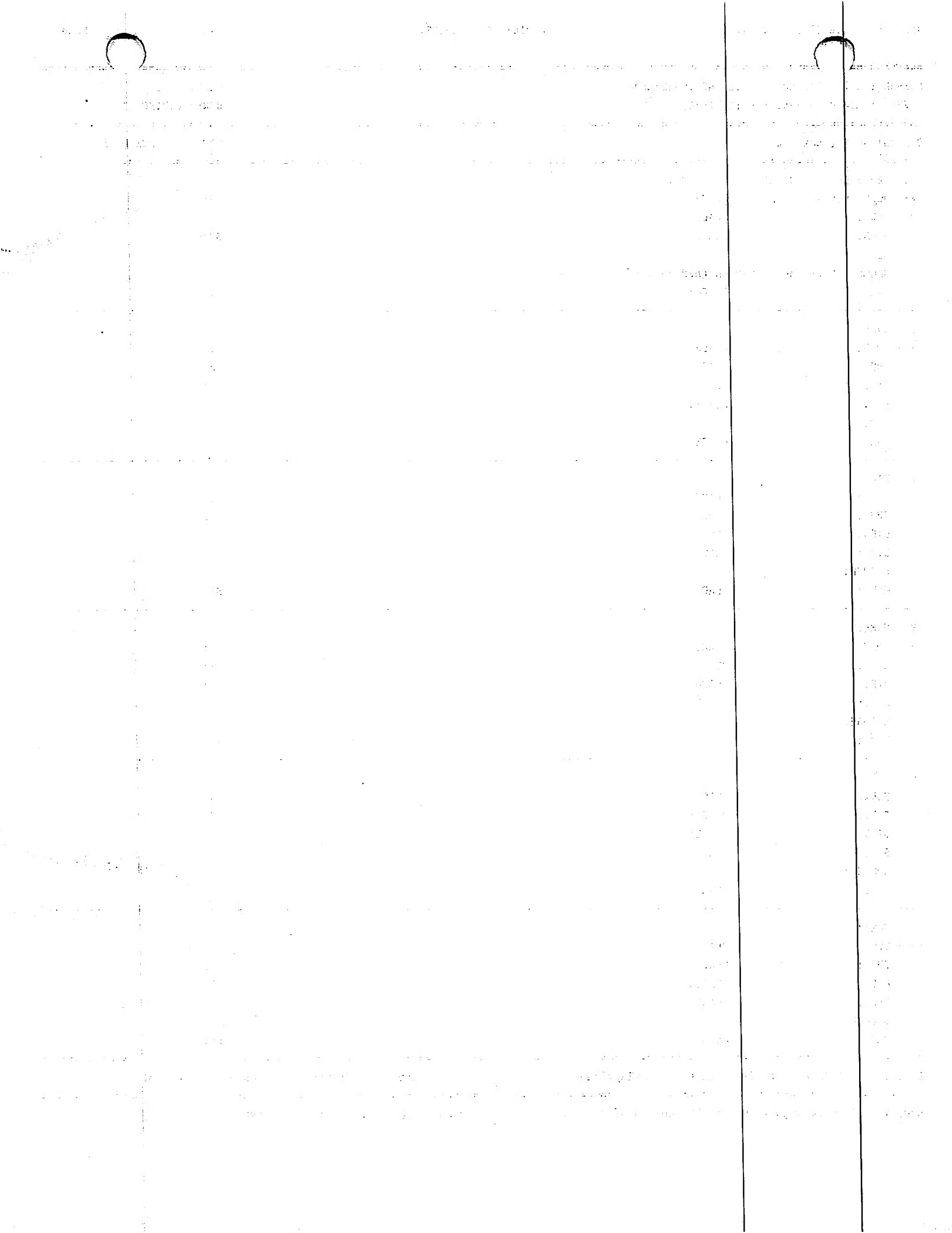
MAR.:

PLACE:

SS:

=====

Codes: AFN=Ancestral File Number B=Baptized E=Endowed SS=Sealed to Spouse SP=Sealed to Parents



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AFN=Ancestral File Number

